6-18-701. Physical examinations.

(a) It shall be lawful for the board of directors of any school district in this state to appoint and provide for the payment of one (1) or more physicians or nurses and to assign any person so employed to the public schools of the district for the purpose of making such physical examinations of the pupils of the schools as may be prescribed in the rules and regulations of the State Board of Education.

(b) The nature of the examination shall be only such as to detect contagious or infectious diseases or any defect of sight, hearing, or function or condition of health tending to prevent any pupil from receiving the full benefit of school work.

(c) It shall be the duty of any physician or nurse so employed to make such examinations for contagious or infectious disease, including the teeth and mouth, whenever the examination may be deemed necessary, and to make examination for other defects at least one (1) time in each school year, preferably at or near the beginning of the year.

(d) In any city, town, or any county where the health authorities are providing for the physical examination of public school children substantially as contemplated in this section, the examination provided for in this section need not be made by any school physician or school nurse.

(e) Nothing in this section shall be construed as preventing boards of directors from requiring teachers to make such tests of sight and hearing as may be prescribed by the board of directors.

(f) Any pupil may be excused from the examination herein provided for on presentation of a certificate from a reputable physician that the physician has recently examined the pupil or on presentation of a written statement of the pupil's parent or guardian that the parent or guardian objects to the examination of his or her child or ward, but this provision shall not be applicable in case of a pupil suspected of having a contagious or infectious disease.

HISTORY: Acts 1931, No. 169, § 193; Pope's Dig., § 11635; A.S.A. 1947, § 80-1219.

6-18-702. Immunization.

(a) Except as otherwise provided by law, no infant or child shall be admitted to a public or private school or child care facility of this state who has not been age-appropriately immunized from poliomyelitis, diphtheria, tetanus, pertussis, red (rubeola) measles, rubella, and other diseases as designated by the State Board of Health, as evidenced by a certificate of a licensed physician or a public health department acknowledging the immunization.

(b) (1) The responsibility for the enforcement of this section rests equally with each school district of this state and the parent or guardian of the child or pupil, and each of them shall be separately and individually liable for permitting any violation of this section.

(2) (A) The Division of Child Care and Early Childhood Education of the Department of Human Services shall be responsible for enforcing this section with respect to child care facilities.

(B) The division may promulgate appropriate rules and regulations, to be approved by the Arkansas Early Childhood Commission, for the enforcement of this section.

(C) The owners or managers of those facilities and any parent or guardian violating the regulations shall be subject to

the penalties provided in the Child Care Facility Licensing Act, § 20-78-201 et seq.

(c) (1) (A) (i) The division shall be responsible for enforcing this section with respect to child care facilities.

(ii) The division may promulgate appropriate rules and regulations for the enforcement of this section.

(B) The owners or managers of those facilities and any parent or guardian violating the regulations shall be subject to the penalties provided in the Child Care Facility Licensing Act, § 20-78-201 et seq.

(2) (A) Regarding kindergarten through grade twelve (K-12), the State Board of Education, after having consulted with the State Board of Health, shall promulgate appropriate rules and regulations for the enforcement of this section by school district boards of directors, superintendents, and principals.

(B) Any school official, parent, or guardian violating the regulations shall be subject to the penalties imposed in this section.

(d) (1) (A) The State Board of Health shall promulgate rules and regulations to ensure that all exemptions provided by this section shall have a minimal effect on the health and safety of all children attending day care or kindergarten through grade twelve (K-12).

(B) The rules shall provide for, but are not limited to, the tracking of those children with exemptions so that appropriate steps may be taken in the event of an outbreak or epidemic.

(2) The Department of Health, and no other department or entity, shall grant exemptions provided by this section.

(3) If in the discretion of the health authority having jurisdiction or of any physician licensed to practice by the Arkansas State Medical Board any person to whom this section applies shall be deemed to have a physical disability that may contraindicate vaccination, a certificate to that effect issued by the health officer may be accepted in lieu of a certificate of vaccination, provided that the exemption shall not apply when the disability shall have been removed.

(4) (A) This section shall not apply if the parents or legal guardian of that child object thereto on the grounds that immunization conflicts with the religious or philosophical beliefs of the parent or guardian.

(B) The parents or legal guardian of the child shall complete an annual application process developed in the rules and regulations of the Department of Health for medical, religious, and philosophical exemptions.

(C) The rules and regulations developed by the Department of Health for medical, religious, and philosophical exemptions shall include, but not be limited to:

(i) A notarized statement requesting a religious, philosophical, or medical exemption from the Department of Health by the parents or legal guardian of the child regarding the objection;

(ii) Completion of an educational component developed by the Department of Health that includes information on the risks and benefits of vaccination;

(iii) An informed consent from the parents or guardian that shall include a signed statement of refusal to vaccinate

based on the Department of Health's refusal-to-vaccinate form; and

(iv) A signed statement of understanding that:

(a) At the discretion of the Department of Health, the unimmunized child or individual may be removed from day care or school during an outbreak if the child or individual is not fully vaccinated; and

(b) The child or individual shall not return to school until the outbreak has been resolved and the Department of Health approves the return to school.

(D) No exemptions may be granted under this subdivision (d)(4) until the application process has been implemented by the Department of Health and completed by the applicant.

(5) Furthermore, the provisions of this section requiring pertussis vaccination shall not apply to any child with a sibling, either whole blood or half blood, who has had a serious adverse reaction to the pertussis antigen, which reaction resulted in a total permanent disability.

(e) Any person found guilty of violating this section or the regulations promulgated by the State Board of Education or the division for the enforcement of this section shall be guilty of a violation and upon conviction shall be fined not less than twenty-five dollars ($25.00) nor more than one hundred dollars ($100) for each offense.

HISTORY: Acts 1967, No. 244, §§ 1-3; 1973, No. 633, § 1; 1983, No. 150, § 1; A.S.A. 1947, §§ 80-1548 -- 80-1550; Acts 1997, No. 871, § 1; 1999, No. 1222, §§ 1, 2; 2003, No. 999, § 1; 2005, No. 1994, § 185.

6-18-703. School-based health clinics.

(a) (1) (A) (i) No school-based health clinic may be established in a public school until requested by resolution by the school district board of directors, and no child shall receive school-based health clinic services without parental consent.

(ii) Parental consent to contraceptive services and condom distribution shall be specific, in writing, and maintained in the student's health records.

(B) (i) All school-based clinics shall maintain accurate records of the distributing and prescribing of contraceptives and condoms.

(ii) The number of pregnancies and sexually transmitted diseases among students in the schools with school-based clinics shall be transmitted annually to the school district board of directors.

(iii) Records maintained under this section are part of the confidential medical record of the student.

(iv) Numerical or statistical data required to be maintained under this subsection may not be released in a manner that reveals the identity of or any other information contained in the file of the student.

(2) If the board of directors establishes a school-based health clinic, the board of directors shall retain absolute control over the operations and programs offered by the clinic.

(3) Schools that offer sex education in school-based health clinics shall include instruction in sexual abstinence, and no

funds shall be utilized for abortion referral.

(b) When any local school district board of directors elects to maintain a school-based health clinic in the school, any Department of Health employee working in the clinic shall be subject to the supervision and control of the school district board of directors.

(c) (1) No state funds shall be used for the purchase or dispensing of contraceptives or abortifacients in public schools.

(2) Local school district boards of directors retain the sole authority over whether and to what extent family planning education is provided in clinics, including any purchase or distribution of contraceptives.

(3) Notice of family planning clinic intentions by a school district shall be given thirty (30) days in advance of a public meeting of the school district board of directors.

(d) (1) It is hereby recognized that sexual activity by students places our youths at increased risk of pregnancy and the contraction of acquired immune deficiency syndrome and other sexually transmitted diseases, and it is the policy of the State of Arkansas to discourage such sexual activity.

(2) The school district board of directors of every school district that associates itself with distributing, recommending, or prescribing condoms or contraceptives shall adopt a resolution acknowledging that there are risks associated with teen sexual activities.

(3) It is further required that every public school and public health department sex education and acquired immune deficiency syndrome prevention program shall emphasize premarital abstinence as the only sure means of avoiding pregnancy and the sexual contraction of acquired immune deficiency syndrome and other sexually transmitted diseases.

HISTORY: Acts 1991, No. 1035, § 1; 1991, No. 1181, §§ 30, 36, 38; 1993, No. 1173, § 36.

6-18-704. [Repealed.]

6-18-705. Breakfast program.

(a) (1) Beginning with the 1991-1992 school year, any schools located in a school district in which forty percent (40%) or more of the students enrolled in the school on October 1 of the preceding school year were eligible for free or reduced-price meals shall establish a school breakfast program.

(2) Beginning with the 1992-1993 school year, any schools located in a school district in which thirty-five percent (35%) or more of the students enrolled in the school on October 1 of the preceding school year were eligible for free or reduced-price meals shall establish a school breakfast program.

(3) Beginning with the 1993-1994 school year, any schools located in a school district in which twenty percent (20%) or more of the students enrolled in the school on October 1 of the preceding school year were eligible for free or reduced-price meals shall establish a school breakfast program.

(b) Nothing in this section shall be interpreted to prevent a school district not covered herein from implementing a school breakfast program or to prevent a school district from implementing a school breakfast program during an earlier year than required under this section.

(c) The Department of Education may promulgate rules and regulations necessary for implementation of this section in compliance with federal guidelines.

(d) (1) (A) The State Board of Education may grant a one-year waiver of the requirements of this section to a school covered by this section that lacks facilities or equipment to offer a school breakfast program and in which the acquisition of such by the district would work an extreme hardship during the required year.

(B) However, such waiver shall expire and may not be renewed at the beginning of the following school year.

(2) In any high school under the requirements of this section, if fifty percent (50%) or more of the eligible students refuse to participate in the school breakfast program during any year of the program as demonstrated by sufficient proof to the department, the state board may grant a waiver from the requirements of this section to the high school.

(e) The department is hereby authorized to withhold state equalization aid from any school district that fails to comply with the provisions of this section.

HISTORY: Acts 1991, No. 826, § 1; 1991, No. 1127, § 1; 1999, No. 391, § 13.

6-18-706. School nurse.

(a) In order to improve the health status and educational achievement of the children of this state, the General Assembly hereby determines that an appropriate school nurse-to-student ratio is essential to effectively meet the health care needs of these children.

(b) For purposes of this section, "school nurse" means a licensed nurse engaging in school nursing activities.

(c) (1) Beginning with the 2004-2005 school year, all school districts shall have no fewer than the full-time equivalent of one (1) school nurse per seven hundred fifty (750) students or the proportionate ratio thereof.

(2) In districts having a high concentration of children with disabling conditions as determined by the State Board of Education, the ratio of school nurses to students should be one (1) to four hundred (400) in those schools so designated.

(3) In a district that provides a center for profoundly disabled students, the ratio should be one (1) school nurse per one hundred twenty-five (125) students at that center.

(d) (1) School nurses may be employed or provided by contract or agreement with other agencies or individuals provided that the prescribed ratio and equivalency are maintained.

(2) However, no school nurse may be employed by, or contract with, any public secondary or elementary school of this state except with the prior approval of the local school district board of directors.

(e) (1) The provisions of this section shall be effective only upon the availability of state funds.

(2) Available funds shall be distributed to school districts based on the previous year's three-quarter average daily membership.

HISTORY: Acts 2003 (2nd Ex. Sess.), No. 67, § 3.

6-18-707. Prescription asthma inhaler or auto-injectable epinephrine.

(a) This section shall be known and may be cited as "Alex's Law".

(b) As used in this section:

(1) (A) "Medication" means a drug as that term is defined in § 21 U.S.C. 321(g) of the Federal Food, Drug and Cosmetic Act as in existence on January 1, 2005.

(B) "Medication" includes inhaled bronchodilators and auto-injectable epinephrine; and

(2) "Self-administration" means a person's discretionary use of a medication pursuant to a prescription or written direction from a licensed healthcare practitioner.

(c) (1) The Department of Education shall develop guidelines for use in school districts that allow a student to carry and use an asthma inhaler or auto-injectable epinephrine, or both, while in school, at an on-site school-sponsored activity, or at an off-site school-sponsored activity.

(2) (A) The procedure shall include at a minimum the following provisions:

(i) The parent or guardian of a student who needs to carry an asthma inhaler or auto-injectable epinephrine, or both, shall provide the school with written authorization for the student to carry an asthma inhaler or auto-injectable epinephrine, or both, on his or her person for use while in school, at an on-site school-sponsored activity, or at an off-site school-sponsored activity; and

(ii) The authorization shall be valid only for the duration of the school year at the school that the student is attending at the time the authorization is provided. The authorization must be renewed for each school year or if the student changes schools in order for the student to carry an asthma inhaler or auto-injectable epinephrine, or both, on his or her person.

(B) The parent or guardian of a student who needs to carry an asthma inhaler or auto-injectable epinephrine, or both, shall provide the school with appropriate medical documentation, which shall include:

(i) Evidence that the asthma inhaler or auto-injectable epinephrine, or both, have been prescribed by a health care practitioner with prescriptive privileges;

(ii) Evidence that the student needs to carry the asthma inhaler or auto-injectable epinephrine, or both, on his or her person due to a medical condition; and

(iii) A copy of an individualized healthcare plan for the student prepared in accordance with § 6-18-1005 and any related rules of the department.

(C) All medical documentation provided with regard to a student who carries an asthma inhaler or auto-injectable

epinephrine, or both, shall be kept on file at the school the student attends in a location that is readily accessible in the event of an asthma or anaphylaxis emergency.

(D) A student's asthma inhaler or auto-injectable epinephrine, or both, shall be supplied by the student's parent or guardian and shall be stored and transported in its original prescription-labeled container.

(E) The student shall demonstrate to the healthcare practitioner who wrote the prescription and the school nurse, if the school nurse is available, the skill level and responsibility necessary to use and administer the asthma inhaler or auto-injectable epinephrine, or both.

(F) (i) A student with asthma is not required by this section or any related rule or school procedure to carry the student's asthma inhaler or auto-injectable epinephrine, or both, on his or her person.

(ii) If a student with asthma does not carry the student's asthma inhaler or auto-injectable epinephrine, or both, on his or her person, then the student's parent or guardian shall provide the school with appropriate medication in the event of an asthma or anaphylaxis emergency, which shall be immediately available to the student in an emergency.

(G) A student who carries the student's asthma inhaler or auto-injectable epinephrine, or both, on his or her person may provide the school with appropriate medication in the event of an asthma or anaphylaxis emergency, which shall be immediately available to the student in an emergency.

(H) A student is prohibited from sharing, transferring, or in any way diverting his or her own medications to any other person.

(d) No school district, school district employee, or agent of a school district shall be liable for injury to a student caused by his or her use of a prescription inhaler or self-administration of medication.

(e) (1) A school district or public charter school may authorize a school nurse to:

(A) Provide an epinephrine auto-injector to a student that meets the prescription on file or any personnel authorized under a student's individualized healthcare plan to administer an epinephrine auto-injector to the student;

(B) Administer an epinephrine auto-injector that meets the prescription on file to a student who has an individualized healthcare plan that authorizes the use of an epinephrine auto-injector; and

(C) Administer an epinephrine auto-injector to a student who the school nurse in good faith professionally believes is having an anaphylactic reaction.

(2) A school nurse shall administer an epinephrine auto-injector under a standing protocol from a physician licensed to practice medicine in this state.

(3) A school nurse that receives a supply of epinephrine auto-injectors under § 20-13-405 for use at a public school shall maintain the supply of epinephrine auto-injectors at the school in a locked, secure location.

(4) (A) Regardless of whether or not a student's parents have signed a waiver of liability, when a school nurse administers an epinephrine auto-injector to a student who the school nurse in good faith professionally believes is

having an anaphylactic reaction, the following persons are immune from any damage, loss, or liability as a result of an injury arising from the use of an epinephrine auto-injector:

(i) The school district or public charter school and its employees and agents; and

(ii) A physician providing standing protocol or prescription for epinephrine auto-injectors maintained at a school.

(B) This subdivision (e)(4) does not provide immunity from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of a person in administering an epinephrine auto-injector to a student under this section.

(f) Beginning January 1, 2014, a school district or public charter school in this state shall:

(1) Adopt and implement policies for the possession and administration of epinephrine in each school; and

(2) Develop a health plan to implement a certificate from a licensed physician under subsection (h) of this section.

(g) Epinephrine shall be administered:

(1)(A) By a school nurse; or

(B) By a school district or public charter school employee who holds a certificate under subsection (h) of this section, is trained in the administration of epinephrine, and is designated as a care provider; and

(2) To a student believed to be having a life-threatening anaphylactic reaction.

(h)(1) A licensed physician shall issue a certificate under the Insect Sting and Other Allergic Reactions Emergency Treatment Act, § 20-13-401 et seq., authorizing a school nurse or a school district or public charter school employee who is trained in the administration of epinephrine to possess and administer epinephrine.

(2) The certificate shall specify the circumstances under which epinephrine may be administered.

HISTORY: Acts 2005, No. 1694, § 1; 2013, No. 757, § 1; 2013, No. 1437, § 1.

6-18-708. Health and safety in public schools.

(a) A school district shall develop procedures concerning student physical activity in its public schools that include without limitation the recognition and management of the following events or conditions that may be encountered by a student during athletic training and physical activities:

(1) A concussion, dehydration, or other health emergency;

(2) An environmental issue that threatens the health or safety of students; and

(3) A communicable disease.

(b) (1) Every three (3) years as part of the requirements for professional development, a person employed by a school district as an athletics coach shall complete training on the events and conditions identified in subsection (a) of this section.

(2) The training may include a component on best practices for a coach to educate parents of students involved in athletics on sports safety.

HISTORY: Acts 2011, No. 1214, § 1.

6-18-709. Public School Health Services Advisory Committee.

(a) (1) There is created a Public School Health Services Advisory Committee to consist of nineteen (19) members.

(2) The Director of the Department of Health shall appoint:

(A) One (1) member to represent the Department of Health;

(B) One (1) member to represent the Arkansas State Board of Nursing;

(C) One (1) member to represent the Arkansas Center for Health Improvement;

(D) One (1) member to represent the Department of Health, Child and Adolescent Health; and

(E) One (1) member to represent the Department of Health, Office of Minority Health and Health Disparities.

(3) The Commissioner of Education shall appoint:

(A) Five (5) members to represent the Department of Education as follows:

(i) One (1) member from the Office of Legal Services;

(ii) One (1) member from the Division of Fiscal and Administrative Services;

(iii) One (1) member from the Division of Learning Services, Special Education Unit;

(iv) One (1) member from the Division of Learning Services, Coordinated School Health Unit, Health Services; and

(v) One (1) member from Division of Learning Services, Coordinated School Health Unit, School Based Mental Health, Counseling and Social Services;

(B) One (1) member to represent the Arkansas School Nurses Association;

(C) One (1) member to represent the Arkansas Association of Educational Administrators;

(D) One (1) member to represent the Arkansas School Boards Association;

(E) One (1) member to represent the Arkansas Education Association;

(F) One (1) member who is a public school principal;

(G) **(i)** Two (2) members each of whom is the parent of a child with special healthcare needs.

(ii) A parent appointed under this subdivision (a)(2)(G) shall not be an employee of:

(a) The Department of Health;

(b) The Department of Education; or

(c) A school district;

(H) One (1) member to represent the Arkansas Rural Education Association; and

(I) One (1) member to represent the Arkansas Advocates for Children and Families.

(4) The term of the Public School Health Services Advisory Committee shall expire on December 31, 2014.

(5) If a vacancy occurs, the officer who made the original appointment shall appoint a person who represents the same constituency as the member being replaced.

(6) **(A)** The commissioner shall designate one (1) of the members as the chair of the first meeting.

(B) The chair shall call the first meeting of the Public School Health Services Advisory Committee.

(C) At the first meeting, the Public School Health Services Advisory Committee shall elect one (1) of its members to act as chair for a term of one (1) year.

(7) **(A)** A majority of the members shall constitute a quorum for the transaction of business.

(B) All members are voting members except the chair, who shall vote only to break a tie vote.

(8) **(A)** The Public School Health Services Advisory Committee shall meet at least one (1) time every quarter.

(B) Meetings may be conducted in whole or in part through the use of live conferencing technology, including without limitation video, telephone, or Internet conferencing technology.

(9) The Department of Education shall provide office space and staff for the Public School Health Services Advisory Committee.

(10) Members of the Public School Health Services Advisory Committee shall serve without pay but may receive expense reimbursement in accordance with § 25-16-902 if funds are available.

(b) The Public School Health Services Advisory Committee shall conduct a one-year study to consider without limitation the following:

(1) The on-campus healthcare needs of public school students;

(2) Who is providing those on-campus healthcare services, including without limitation the extent to which those services are provided by:

(A) Registered nurses;

(B) Other healthcare providers; and

(C) Other school personnel;

(3) The extent to which public school students do not receive the needed on-campus healthcare services identified by the Public School Health Services Advisory Committee;

(4) The availability and condition of existing facilities and equipment at public schools for providing these services, including without limitation:

(A) School nurse office space with privacy, file storage, telephone connection, heat, and air conditioning;

(B) Medication storage, including without limitation refrigeration and locked cabinets;

(C) Plumbing facilities for use by school nurses, including sinks, hot and cold running water, and toilets; and

(D) Computer and Internet access for:

(i) Medical records; and

(ii) Reporting on the Arkansas Public School Computer Network;

(5) The cost of providing needed on-campus healthcare services and the funds available to a school district for that purpose; and

(6) School nurse healthcare-related duties and non-healthcare-related duties.

(c) Upon completion of the study, the Public School Health Services Advisory Committee shall develop guidelines for the:

(1) Number of full-time nurses needed, including without limitation whether or not each school campus should have a minimum of one (1) full-time registered nurse;

(2) Educational level and licensure level of a school nurse;

(3) Job requirements of a school nurse, including without limitation guidelines concerning job duties that are non-healthcare-related;

(4) Salary level for school nurses;

(5) Types of on-campus healthcare services, if any, that may be performed by personnel other than the school nurse;

(6) Management of medical records;

(7) Management and storage of medications;

(8) Facilities and equipment used in delivering needed healthcare services;

(9) Timeline for implementing the guidelines, including without limitation whether or not the Public School Health Services Advisory Committee recommends that the implementation of the guidelines be phased in; and

(10) Incentives that may be offered to schools and school districts for:

(A) Exemplary school health care; and

(B) Implementing voluntary best practices identified in the guidelines.

(d) By September 1, 2014, the Public School Health Services Advisory Committee shall submit a report on its findings, recommendations, and guidelines to the House Committee on Education and the Senate Committee on Education.

(e) (1) The Public School Health Services Advisory Committee shall continue to meet until its term expires and make any further recommendations to the House Committee on Education and the Senate Committee on Education that the Public Health Services Advisory Committee deems necessary.

(2) During its term, the Public School Health Services Advisory Committee shall conduct further study or provide additional information or reports at the request of the House Committee on Education and the Senate Committee on Education.

(f) (1) The Public School Health Services Advisory Committee shall identify the information it needs from public school districts to conduct the study and communicate those requests for information to the Department of Education.

(2) (A) Each public school shall report the information requested to the Department of Education not less than monthly.

(B) A school shall continue to report the information until the Public School Health Services Advisory Committee's term has expired.

(3) The Department of Education shall provide the information to the Public School Health Services Advisory Committee in a manner that protects student privacy under state and federal laws.

HISTORY: Acts 2013, No. 414, § 2.

6-18-710. Student athlete concussion education.

(a) (1) As used in this section, "youth athletic activity" means an organized athletic activity in which the participants, a majority of whom are under nineteen (19) years of age are:

(A) Engaged in an athletic game or competition against another team, club, or entity; or

(B) In practice or preparation for an organized athletic game or competition against another team, club, or entity.

(2) "Youth athletic activity" does not include a college or university activity or an activity that is incidental to a nonathletic program.

(b) The General Assembly finds that:

(1) (A) Concussion is one (1) of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities.

(B) The Centers for Disease Control and Prevention estimates that as many as three million nine hundred thousand (3,900,000) sports-related and recreation-related concussions occur in the United States each year.

(C) A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull.

(D) The risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed;

(2) (A) Concussion is a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works.

(B) Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles.

(C) Concussions can occur with or without loss of consciousness, but the vast majority occur without loss of consciousness;

(3) Continuing to participate in a youth athletic activity after sustaining a concussion or exhibiting symptoms of head injury leaves the youth athlete especially vulnerable to greater injury and even death;

(4) Despite the existence of generally recognized return-to-play standards for concussion and head injury, some affected youth athletes are prematurely returned to play, resulting in a risk of further physical injury or death to youth athletes in the State of Arkansas;

(5) The Arkansas Activities Association is a recognized national leader in the development and implementation of concussion protocols for student athletes in grades seven through twelve (7-12); and

(6) It is necessary to establish concussion protocols substantially similar to those developed and implemented by the

Arkansas Activities Association to protect all student athletes in Arkansas.

(c) The Department of Health shall develop concussion protocols substantially similar to those developed and implemented by the Arkansas Activities Association to protect all youth athletes engaged in youth athletic activities in Arkansas.

(d) Guidelines developed under this section shall include:

(1) Pertinent information and forms to inform and educate coaches, youth athletes, and the parents or guardians of youth athletes of the nature and risks of concussions and head injuries, including the risks of continuing to play after a concussion or head injury;

(2) A requirement that the person operating a youth athletic activity anually shall distribute a concussion and head injury information sheet to each person who intends to participate in the youth athletic activity;

(3) A requirement that a person shall not participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under eighteen (18) years of age, by his or her parent or guardian; and

(4) (A) A requirement that a youth athlete who is suspected of sustaining a concussion or who has had an injury in a game, an activity, or a practice for a game shall be removed from the game, activity, or practice at that time.

(B) (i) A youth athlete who has been removed under this subdivision (d)(4) shall not return to play until the athlete is evaluated by a licensed healthcare provider trained in the evaluation and management of concussions and receives written clearance to return to play from that healthcare provider.

(ii) (a) The healthcare provider may be a volunteer.

(b) A volunteer under subdivision (d)(4)(B)(ii)*(a)* of this section who authorizes a youth athlete to return to play is not liable for civil damages resulting from any act or omission in the rendering of care other than acts or omissions constituting gross negligence or willful or wanton misconduct.

HISTORY: Acts 2013, No. 1435, § 1.